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Short-duration country programme document

Malawi

Summary

The short-duration country programme document for Malawi is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $6,492,000 from regular resources, subject to the availability of funds, and $19,055,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2007.

* E/ICEF/2006/10.

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The situation of children and women

1. Close to 5 million people were not able to meet their minimum food requirements in 2005-2006 and are receiving food aid and other humanitarian assistance.

2. Infant and child mortality rates declined substantially in recent years, from 104 and 189 deaths, respectively, per 1,000 live births in 2000 to 76 and 133 in 2004 (Malawi Demographic Health Survey, DHS). The decline is partly due to coverage of 86 per cent by the expanded programme on immunization and to the malaria prevention programme, with close to 60 per cent of children under age five sleeping under insecticide-treated mosquito nets. The DHS results showed no change in children's nutritional status since 1992, with 48 per cent of children under age five stunted, 22 per cent underweight and 5 per cent suffering wasting. The maternal mortality ratio remains high at 984 per 100,000 live births.

3. According to the 2005 Sentinel Surveillance Report, HIV prevalence in the 15-49 age group was 14 per cent, compared with 14.4 per cent in 2003. Some 46 per cent of new infections are found among young people aged 15–24 years, and 60 per cent of infections in the 15-24 age group are among women. An estimated 930,000 people were living with HIV in 2005, including 83,000 children under age 15. Less than 10 per cent of pregnant women were accessing prevention of mother-to-child transmission (PMTCT) services in 2005. By the end of 2005, close to 40,000 AIDS patients were receiving free antiretroviral treatment, up from 4,000 in January 2004. However, less than 5 per cent of these patients were children under the age of 15. Among the 1 million orphans in Malawi, 500,000 have lost one or both of their parents to AIDS.

4. Education is characterized by gender parity in both enrolment and completion. Primary school enrolment has stabilized at 81 per cent, which is a significant increase from that in 1999, but the primary completion rate was only 22 per cent for boys and 26 per cent for girls in 2005.

5. Coverage of safe water is 66 per cent, and 81 per cent of the rural population has access to safe excreta disposal methods, though many of these facilities are deemed rudimentary (2004 Integrated Household Survey Report).

6. Malawi faces serious child protection challenges: some 1.4 million children are engaged in hazardous child labour; sexual exploitation, abuse and child trafficking are increasing; and there is no system of birth registration. The country is prone to cholera outbreaks, and avian flu is a major threat.

The country programme, 2007-2008

Summary budget table*

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	1 880	6 855	8 735
Basic education and gender equality	755	5 000	5 755
Water, sanitation and hygiene	675	3 000	3 675
Orphaned and vulnerable children and child protection	560	4 000	4 560
Social policy, advocacy and communication	1 005	200	1 205
Cross-sectoral costs	1 617	—	1 617
Total	6 492	19 055	25 547

* Additional funds may be mobilized for humanitarian responses as required.

7. The country programme received $50,008,325 in other resources from 2002-2005, representing 95 per cent of the anticipated other resources for that period. The approved country programme budget for 2002-2006 was $98,621,000, representing $25,501,000 in regular resources and $73,120,000 in other resources.

Reasons for the short-duration submission

8. The United Nations country team in Malawi, with encouragement from the Government of Malawi and approval from the Regional Directors Team, decided to extend the current United Nations Development Assistance Framework (UNDAF) and individual agency country programmes by one year in order to fully synchronize with the Malawi Growth and Development Strategy (MGDS), the country's national development plan.

Goals, key results strategies, relationship to national and international priorities

9. The country programme goal and strategies will remain the same as in 2002-2006. To consolidate the gains made since 2002 and to take into account the mid-term review recommendations, the country programme will continue to implement the strategies used in the 2002-2006 country programme. The original programme objectives will be re-stated as *expected results* and will cover an additional year, as follows:

(a) Contribution to the national goal of 95 per cent full immunization coverage for children 12-23 months, through vaccine procurement and technical assistance for capacity-building in planning and quality assurance;

(b) Contribution to the national target of 70 per cent of children under age five and 60 per cent of pregnant women sleeping under insecticide-treated nets,

through procurement of nets and technical assistance in policy development and quality assurance, and through advocacy and leveraging of support;

(c) Lead-agency contribution to 80-per-cent national coverage of vitamin A supplementation for under-five children and postpartum women;

(d) Lead-agency contribution to 80 per cent of households nationwide using iodized salt;

(e) Exclusive breastfeeding coverage for children 0-6 months increased from 53 per cent in 2004 to 65 in 2007;

(f) 80 per cent of children 6-59 months receiving one dose of de-worming tablets every six months;

(g) Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy scaled up, with 60 per cent of health workers having improved case management skills, and 40 per cent of households in all districts having skills to promote key caring practices;

(h) PMTCT sites increased from 36 in 2004 to 163 in 2007, corresponding to an increase in access for pregnant women to PMTCT services from 10 per cent in 2004 to 40 per cent in 2007;

(i) Provision of quality HIV testing and counselling to 90 per cent of the pregnant women attending antenatal clinics in the 163 PMTCT sites, ensuring that 80 per cent of women who are HIV positive receive antiretroviral drugs;

(j) At least 60 per cent of children born of mothers who are HIV positive, as identified through the PMTCT programme, are tested for HIV in a timely manner and are provided with co-trimoxazole (antibiotics) to prevent opportunistic infections;

(k) At least 8,000 children under 15 who are HIV positive (10 per cent of the total population targeted for antiretroviral treatment) are provided with highly active antiretroviral therapy;

(l) 60 per cent of health facilities offer youth-friendly services;

(m) Access to safe water increased from 66 per cent in 2004 to 80 per cent 2007, and quality basic sanitation coverage increased from 62 per cent in 2004 to 81 per cent in 2007;

(n) Enrolment rates maintained at above 90 per cent for boys and girls; dropout rate reduced by 3 per cent;

(o) Coverage of the *Joyful Learning Package* extended from 21 per cent of primary schools in 2006 to 40 per cent (2 million pupils);

(p) 100 per cent of primary school pupils in standards (grades) 1-4, representing 2 million children, reached with life skills to prevent HIV, with support from UNICEF. (Standards 5-8 are supported by the United Nations Population Fund, UNFPA);

(q) 100 per cent of secondary schools (500,000 young people) reached with life skills to prevent HIV as part of the "Lesson for Life" global initiative;

(r) Peer education for HIV prevention supported through 5,000 in-school *Edzi Toto* ("Say no to AIDS") clubs and 2,000 out-of-school youth clubs;

(s) Programme-supported community-based childcare centres increased from 1,000 in 2005 to 1,500 by 2007 and reaching more than 150,000 children under five (including orphaned and other children made vulnerable by AIDS) with early childhood care and development activities;

(t) Psychosocial care for orphans and other children made vulnerable by AIDS provided through 400 Children's Corners, benefiting at least 100,000 vulnerable children;

(u) The number of community child protection workers increased from 249 to 400 by the end of 2007;

(v) Legislative and policy frameworks strengthened to ensure a protective environment for all children;

(w) A birth registration law passed and a system operating;

(x) 100 per cent of all schools supported by UNICEF with *Joyful Learning* benefiting from a package of child protection interventions, reaching 2 million children;

(y) Increased political commitment and resources leveraged for children through active involvement at policy level.

10. The 2007 country programme supports the national goals and targets of the MGDS, which aims to combat poverty through sustainable economic growth and human capital development and is Malawi's road map for achieving the Millennium Development Goals. The country programme also addresses the priority areas identified in *A World Fit for Children*, the Abuja Declarations, the "Unite for Children, Unite against AIDS" global campaign, the Core Commitments for Children in Emergencies, and the UNICEF medium-term strategic plan 2006-2009.

Programme components

11. The **health and nutrition** programme will continue to support national efforts to increase the availability and utilization of quality services for a defined essential health package and leverage support for maintaining and scaling up cost-effective interventions. Coverage of child survival interventions will be increased, and IMNCI will be implemented in all districts to promote key caring practices among parents and improve case management at the facility level, emphasizing neonatal care. Efforts will be stepped up to address high child and maternal malnutrition through an integrated response and the strengthened capacity of communities and service providers to prevent and manage nutritional deficiencies. UNICEF will continue to support therapeutic and supplementary feeding, as required, and strengthen national capacity for nutrition surveillance. In close collaboration and joint programming with the World Health Organization (WHO) and UNFPA, UNICEF will support the implementation of the road map for accelerating reduction of maternal mortality. In collaboration with WHO, efforts will continue in strengthening national capacity for disease surveillance and planning for potential outbreaks, including cholera and avian flu. Significant efforts will be made to scale

up the coverage and quality of PMTCT interventions and the care and treatment of children and mothers who are HIV positive.

12. The **water, environmental sanitation and hygiene programme** aims to strengthen national capacity to increase access to safe water and quality basic sanitation and to improve hygiene practices. The programme will prioritize schools, community-based early childhood care centres, health centres and nutrition rehabilitation units for the provision of safe water and sanitation facilities. Community capacities will be developed to maintain and manage the facilities and the coverage reached. Coupled with this, the capacities of households and village-level committees will be improved to ensure that at least 60 per cent of the households in the programme's impact districts use community dialogue and rights-based approaches to promote local planning.

13. The **basic education and youth development programme** will enhance access, completion, gender equity and performance; consolidate the institutionalization of HIV/AIDS life skills at the primary school level (reaching all children in grades 1-4) by providing in-service training of teachers, teachers' guides and pupils' textbooks; facilitate the development of a sector-wide approach; initiate the development of inclusive approaches for an education system aiming for increased enrolment of children who are orphaned, vulnerable or with special learning needs; and sustain education delivery during emergencies.

14. The **programme for orphaned and other vulnerable children (OVC) and child protection** will strengthen national capacities to ensure that OVC realize their rights to grow up in a protective and nurturing environment, free from stigma and discrimination and with access to basic social services, on an equal basis with other children. It will also contribute to national efforts to protect children against all forms of violence, exploitation, neglect and discrimination. The programme will continue to mobilize commitment, leadership and resources towards implementation of the national plan of action for OVC, with efforts stepped up to strengthen national institutions at district and community levels. Through technical assistance, operations research and advocacy, the programme aims to support the development and integration of social protection. These efforts will be linked with home-based care groups, life-skills training for young people and legal aid for orphans and widows. Child participation will be promoted in all Child Caring Points or Corners. Legislative and policy frameworks will be strengthened.

15. The programme will support the establishment of a national birth registration system and intensify efforts to protect children from sexual and economic exploitation. The training of paralegals and the establishment of victim support units and child-friendly courts and diversion systems will help children in conflict with the law, and who are in danger of being abused, exploited or disposed of their property, to access legal assistance and protection.

16. The **social policy, advocacy and communication (SPAC) programme** will establish better linkages to national planning processes through greater involvement in the planning and monitoring of the MGDS as well as through sector reforms and the decentralization policy, and by making meaningful contributions to policy analysis, dialogue and planning. SPAC will focus on ensuring that children's rights to survival, development, protection and participation are well positioned and budgeted for within the new MGDS and that the rights approach contributes to district capacity development in monitoring and evaluation, filling data gaps on

children and women as part of the planning process for the next country programme cycle. SPAC will also spearhead UNICEF involvement in United Nations reform, harmonization, common country programme planning and joint programming.

Major partnerships

17. The 2007 country programme will continue its strong partnership with the Government, donors, United Nations agencies, civil society organizations, District Assemblies and other decentralized bodies in the districts and will develop new partnerships with the private sector and faith-based organizations. Efforts will focus on the establishment and strengthening of children's parliaments in the three regions of the country.

Monitoring and evaluation

18. The Malawi Socio-Economic Database has been integrated within the National Monitoring and Evaluation Road Map, and the country programme will now promote its use for the monitoring of the MGDS at both national and district levels. The United Nations Joint Programme on Monitoring and Evaluation will be continued, with stronger emphasis placed on strengthening monitoring and evaluation capacities at the national and district levels and the development of an integrated national monitoring and evaluation work plan. Improving the timeliness and availability of reliable national data will continue to be a focus. A "light" version of a Multiple Indicator Cluster Survey in 2006 will address some basic data gaps and contribute to the creation of a new database on OVC and child protection. The monitoring and evaluation system will continue to rely on joint field monitoring with the Government and other partners and on regular mid-year and end-year reviews to assess progress and results.